
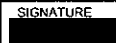


TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>22-AUG-2017</b>		TIME <b>20:55:00</b>		2. ADDRESS OF OCCURRENCE <b>2550 S ALBANY AVE CHICAGO, IL 60623</b>		3. LOCATION CODE <b>304</b>	4. BEAT/OCCUR <b>1033</b>	5. VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO			
MEMBER INVOLVED	6. POSITION <b>9161</b>	7. LAST NAME <b>FRANCO</b>	8. FIRST NAME <b>ALEXANDER</b>	9. STAR NO. <b>10805</b>	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE <b>WWH</b>	12. AGE <b>1978</b>	13. HT. <b>511</b>	14. WT. <b>185</b>		
	15. DATE OF APPT. <b>17-OCT-2011</b>		16. EMPLOYEE NO. [REDACTED]	17. UNIT & BEAT OF ASSIGNMENT <b>010 1065A</b>		18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
DNA	21. LAST NAME <b>PEREZ</b>		22. FIRST NAME <b>JEREMIAH</b>		23. M.I.	24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	25. RACE <b>WWH</b>	26. D.O.B. [REDACTED]	27. HT. <b>506</b>	28. WT. <b>185</b>	
	29. ADDRESS <b>CHICAGO, IL 60623</b>		30. TELEPHONE NO.		31. WAS SUBJECT ARMED? OTHER (SPECIFY): PERCEIVED FIREARM <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT INJURED BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
SUBJECT INFORMATION	34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None		35. WHERE WAS MEDICAL TREATMENT OBTAINED? <input type="checkbox"/> 01 Hospitalized <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Refused Medical Aid <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Hospitalized								
	36. BY WHOM?		37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		38. CHARGES PLACED <b>PLEASE SEE NEXT PAGE *****</b>		DNA		39. CB NO. <b>19526407</b>		IR NO. DNA
	REASON FOR USE OF FORCE (Check all that apply)										
DNA	40. PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE		
	DID NOT FOLLOW VERBAL DIRECTION STIFFENED (DEAD WEIGHT) OTHER _____		FLED PULLED AWAY OTHER _____		IMMINENT THREAT OF BATTERY OTHER _____ PERCEIVED AS _____		ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER _____ PERCEIVED AS SHOTS FIRED AT OFFICER _____		
DNA	MEMBER'S RESPONSE		OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER _____		ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) OTHER _____		KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40)		FIREARM <input checked="" type="checkbox"/>		OTHER _____
	WEAPON DISCHARGE INCIDENT										
41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			RANK	STAR NO.	UNIT NO.	42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		45. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member						
46. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER			47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		48. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		49. WEATHER CONDITIONS <b>CLEAR</b>				
54. TASER DART ID NO.			55. WEAPON SERIAL No. (Include Letters)		56. CHICAGO GUN REG. NO.		57. IL FIREARM OWNER ID. NO.		58. HANDGUN CERTIFICATE NO.		
59. SPECIAL WEAPON CERTIFICATE NO.			60. PROPERTY INVENTORY NO.		61. TYPE OF AMMUNITION USED <b>Department Issued</b>		62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		63. TOTAL NO. OF SHOTS MEMBER FIRED <b>11</b>		
64. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER <input checked="" type="checkbox"/> 03 OTHER (SPECIFY) P.O. COJOCNEAN			65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED <b>0</b>		67. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)				
68. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)			69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>DNA</b>		70. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>DISTANCE</b>					72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.						
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 NONE <input type="checkbox"/> 08 ANY OTHER COMBINATION					74. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						
75. EVENT NO. <b>1723414619</b>											
76. R.D. NO. <b>JA402313</b>											

CASE INFORMATION	77. NOTIFICATIONS (ALL INCIDENTS) IMMEDIATE SUPERVISOR DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): OEMC CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			1723414619 75. EVENT NO.		
	78. ADDITIONAL INFORMATION <b>BWC REVIEWED BY OFFICER.</b> <b>P.O. FRANCO SUSTAINED INJURY TO HIS KNEES WHILE PLACING ANOTHER INVOLVED OFFENDER IN CUSTODY.</b>					
SIGNATURES	79. REPORTING MEMBER (Print Name) <b>FRANCO, ALEXANDER</b> <b>23-AUG-2017 04:37:39</b>		STAR/EMPLOYEE NO. <b>10805</b>	SIGNATURE 	JA402313 76. R.D. NO.	
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.					
	80. REVIEWING SUPERVISOR (Print Name) <b>DELUNA JR, GONZALO</b>		STAR NO. <b>949</b>	SIGNATURE 		DATE REVIEWED TIME <b>23-AUG-2017 04:38:46</b>

SUBJECT  
INFORMATION

40. CHARGES PLACED

625 ILCS 5.0/6-101, 625 ILCS 5.0/3-707, 9-24-010(B), 9-24-010(B), 9-24-010(B),  
9-24-010(B), 625 ILCS 5.0/11-204-A, 720 ILCS 5.0/12-2-C-8

DNA

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY, (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY, (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Unable to interview, subject is currently being interviewed by Detectives and ASA.

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Based on the facts available at this time, it is the preliminary finding that officer Alexander Franco acted in fear that he was being shot at. The investigation is ongoing by Area Central Detectives and appropriate criminal charges are pending.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. 1086427 OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

**PENA, MARIA C**

86.

TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE



DATE COMPLETED TIME

**23-AUG-2017 04:42:28**